PTO/SB/06 (08-03)
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	Substitute for Form PTO-875									19 8 39 407		
	CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL E	ENTITY	OR (R THAN ENTITY
	FOR		T T	NUMBER FILED		NUMBER EXTRA		RATE	FEE]		
	BASIC FEE (37 CFR 1.16(a))							IONIE	\$	20	RATE	FEE
	TOTAL CLAIMS (37 CFR 1.16(c))		23	23 minus 20 = .				x \$ =		OR OR	x s=	\$
		EPENDENT CLAI CFR 1.16(b))	MS /	/ minus 3 = •				x \$ =		OR	x \$ =	
	MU	LTIPLE DEPENDE	ENT CLAIM PRESE	LAIM PRESENT (37 CFR 1.16(d))						OR		
	* If the difference in column 1 is less than zero, enter *0* in column 2.									l	+\$=	
								TOTAL		OR	TOTAL	
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL E	ENTITY	OR	OTHER SMALL	
1.400	4		CLAIMS REMAINING		HIGHEST NUMBER	PRESENT		RATE				
	1ENT	Total	AFTER AMENDMENT	Minus	PREVIOUSLY PAID FOR	EXTRA		RAIE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ולטןאון	ENDME	(37 CFR 1.16(c))	11	Minus	X 3			x \$=		OR	x \$=	
,	AME	(37 CFR 1.16(b))	<u></u>	Milius	<u> </u>			x \$=		OR	x \$=	
	_	FIRST PRESENT	TATION OF MULTIPL	E DEPEND	ENT CLAIM (37 C	FR 1.16(d))		+ \$=	_	OR	+ \$=	
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
	(Column 1) (Column 2) (Column 3)											
	ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	ENDM	Total (37 CFR 1.16(c))	•	Minus	**	=		x s=		OR	x \$=	
	1EN	Independent (37 CFR 1.16(b))	•	Minus	***	=		x \$=		OR	x \$=	
l	AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						+ \$=		OR	+ \$=	
	(Column 1) (Column 2) (Column 3)							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	-
								•			•	
	ENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ļ	ENDME	Total (37 CFR 1.18(c))	•	Minus	**	=		x \$=		OR	x \$ =	,
	Ę.	Independent (37 CFR 1.16(b))	•	Minus	***	=	. [× s =		OR	x \$=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							+ \$ =		OR	+ s =	
	TOTAL									OR I	TOTAL ADD'L FEE	
	*	' if the "Highest N	olumn 1 is less that Number Previously	Paid For	IN THIS SPACE	is less than 20 e	enter	· *20*		O.N	NUU E FEE	
ľ	***	If the "Highest N	lumber Previously	Paid For	IN THIS SPACE I	is less than 3. en	ter "	3".				I

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.